



VIRGINIA OFFICE OF EMS
109 Governor Street, Suite UB-55
Richmond, Va. 23219

EMS Agency Drug Diversion Report Form

Date of Report: _____ Date Incident occurred or discovered: _____

Person completing this report: _____ Phone: (w) _____

Address: _____ State: _____ Zip: _____ Phone: (h) _____

Title and EMS agency of person completing report: _____

Signature of person completing report: _____ Date: _____

Meds missing from: Supply Storage Area _____ Vehicle _____ Signs of physical damage: Y or N

Meds in Locked Cabinet or Box: Y or N Is this the first diversion incident for this agency? Y or N

Date discovered: _____ Time discovered: _____ Last date meds were checked: _____

Address the Diversion occurred: _____

Person that discovered the Diversion: _____ Phone: _____

Address: _____ State: _____ Zip: _____ Phone: _____

List the Meds and volume of each involved in this diversion:

Person making the discovery of the Med Diversion must file a written statement with specific details about what they found and observed at that time and, attach that statement to this report. These documents must be forwarded to:

Virginia Office of EMS
109 Governor Street, Suite UB-55
Richmond, Va 23219

Statement attached: Y or N

Date report received by OEMS: _____ **Received by:** _____

Investigation required: Y or N **Person Assigned:** _____